

STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR AFDC-FOSTER CARE(FC)

INSTRUCTIONS: Complete in ink all questions to the left of the heavy black line. The parent/legal guardian completes the non-shaded sections of this form instead of the BCJA 2 or SAWS 2 at redetermination only; the placement worker/county welfare department is to complete the shaded portions. The placement worker/county welfare department may complete all sections of this form instead of the BCJA 2 or SAWS 2 at application and redetermination when the parent/legal guardian is:

☐ Not available ☐ Not cooperating ☐ Deceased ☐ Incapacitated

1. Child Name 2. ☐ Male ☐ Female

3. Address

4. Birth date

5. Birthplace

6. Social Security #

Applied For?

☐ Yes ☐ No

7. Citizen of U.S.?

☐ Yes ☐ No

8. Alien Status:

9. Does the child have medical insurance?

☐ Yes ☐ No

If yes, list policy number, company name, and name of policy:

10. Does the child have real or personal property?

☐ Yes ☐ No

If yes, list property type (land, cash, auto, motorcycle, life insurance, trust fund, bank account, bond, etc.) and its value:

11. Does the child have income? ☐ Yes ☐ No ☐ Unknown*

If yes, list amounts below. If application pending, check associated box.

Income Type	Amount	Pending
Social Security		<input type="checkbox"/>
Child Support		<input type="checkbox"/>
Railroad Retirement		<input type="checkbox"/>
SSI/SSP		<input type="checkbox"/>
Veteran's Benefits		<input type="checkbox"/>
Salary/Wages		<input type="checkbox"/>
Other (specify)		<input type="checkbox"/>
Total Amount/Month		<input type="checkbox"/>

* If unknown, please explain:

12. Name of School or Training Program:

TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF

13. If child has salary/wages, is the child attending school at least half-time? ☐ Yes ☐ No

14. Does the child have an Independent Living Program Plan? ☐ Yes ☐ No

COMPLETE BELOW FOR CHILDREN 17 AND OLDER

15. Does the child attend school on a full-time basis? ☐ Yes ☐ No

16. Expected graduation/completion before 19th birthday? ☐ Yes ☐ No

ELIGIBILITY WORKER ONLY

DATE:

☐ APPLICATION
☐ REDETERMINATION

CASE NAME

CASE NUMBER

VERIFICATION

AGE

SOCIAL SECURITY NUMBER

CITIZENSHIP/ALIEN STATUS

DHS 6155 ☐

CHILD'S PROPERTY

CHILD'S INCOME/PENDING INCOME

ILP

VERIFIED BY SCHOOL **YES**

SCHOOL ATTENDANCE ☐

GRADUATION ☐

17. PARENTAL INFORMATION				VERIFICATION
	Parent 1	Parent 2	Parent 3	
Name				CHILD SUPPORT REFERRAL
Relationship				
Maiden Name				
Date of Birth				
Birthplace				
Social Security #				
Address				
Telephone #				
U.S. Citizen (yes or no)				
Veteran (Branch, Years in Service, Serial #)				
18. DEPRIVATION -- INITIAL AND REDETERMINATION				DEPRIVATION
A. Is either the mother or father deceased? <input type="checkbox"/> yes, fill-in A1 and skip to #19. Deprivation exists, pending verification. <input type="checkbox"/> no, PROCEED to B. A1. Deceased parent(s)' name: _____ <input type="checkbox"/> Location of death: _____ <input type="checkbox"/> Date of death: _____				
B. Did the mother and/or the father relinquish the child or have either parents' parental rights been terminated(TPR)? <input type="checkbox"/> yes, fill-in B1 and skip to #19. Deprivation exists, pending verification. <input type="checkbox"/> no, PROCEED to C. B1. Relinquishing/TPR parent (s): _____ Date of Relinquishment(s) TPR(S): _____				
C. Are the mother and father living together? <input type="checkbox"/> no, skip to #19. Deprivation exists, pending verification <input type="checkbox"/> yes, PROCEED to D.				
D. Is either the mother or father physically or mentally incapacitated? <input type="checkbox"/> yes, skip to #19. Deprivation exists, pending verification. <input type="checkbox"/> no, PROCEED to E.				
E. Is either parent unemployed? <input type="checkbox"/> no, go to #19. <input type="checkbox"/> yes, go to #19.				DOCUMENTATION IN FILE: <input type="checkbox"/> CA 341 (Medical report) <input type="checkbox"/> Written statement from physician <input type="checkbox"/> other substantiation (EAS 41-430)
TO BE COMPLETED BY COUNTY WELFARE DEPARTMENT AT REDETERMINATION ONLY				
19. REDETERMINATION OF DEPRIVATION - GOOD FAITH EFFORTS				GOOD FAITH EFFORTS MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO
If the parent(s) is unavailable or uncooperative, please list below the good faith efforts made to contact the parent(s) (i.e., 2 phone calls attempted, 2 letters sent, 1 piece of returned mail, 1 home visit attempted, 1 failure to keep scheduled appointment, etc.) to redetermine deprivation. _____ _____ _____ _____				

DIRECTIONS: QUESTIONS 20-23 MUST BE COMPLETED AT INITIAL APPLICATION; QUESTIONS 20-21 MUST ALSO BE COMPLETED AT REDETERMINATIONS WHEN THERE ARE ANY CHANGES TO THE INFORMATION BELOW.

VERIFICATION

(20) Parental Financial Information

	Parent 1	Parent 2	Parent 3
Name			
Relationship			
Occupation			
Name of Employer			
Address of Employer			
Work Hours/Month			
Gross Monthly Wage			
Child Support Paid			
Child Support Received			
Disability (State, Workers' Compensation, etc.)			
Unemployment Benefits			
Pensions			
SSI/SSP			
Veteran's Benefits			
Other Monthly Income (i.e., social security, etc.)			
Application for Income Pending (yes, no, or unknown)			
Accounts(checking, savings, etc.)			
Name of Financial Institution			
Address of Financial Institution			
Cash on Hand			
Other Assets			
Personal Property			
Real Property & Address			
Auto(Year/Model)			

PARENTAL INCOME

PARENTAL PENDING INCOME

PARENTAL RESOURCES

TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF

(21) What is the authority for the child's out-of-home placement?

<input type="checkbox"/> Voluntary placement agreement (SOC 155)	Date: _____
<input type="checkbox"/> Relinquishment - Mother	Date: _____
<input type="checkbox"/> Relinquishment - Father	Date: _____
<input type="checkbox"/> Termination of Parental Rights	Date: _____
<input type="checkbox"/> Child/Agency Agreement	Date: _____
<input type="checkbox"/> Nonrelated legal guardian	Date: _____
<input type="checkbox"/> Court Order	

Check box to indicate in which court order the finding was made. Enter date of hearing/order.

Court Order Findings	Detention Date: _____	Jurisdictional Date: _____	Dispositional Date: _____	Petition/Other Date: _____
a) Continuance in the home is contrary to the welfare of the minor.				
b) Placement and care is vested with the county.				
c) Reasonable efforts to prevent the removal of the child were made or the lack of preplacement preventative efforts was reasonable.				

COURT ORDER FINDINGS MADE?

FINDING a: ☐ YES ☐ NO
 FINDING b: ☐ YES ☐ NO
 FINDING c: ☐ YES ☐ NO

TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF AT APPLICATION ONLY				VERIFICATION	
Check appropriate box.		Yes	No	Insufficient Information	POEM
22. Would the services case file support a determination that the parent or relative from whom removed had minimal income and resources and that the child probably would have been eligible for public assistance in the month of removal?					
23. Has the child lived with the parent or relative from whom removed within the last 6 months?					
PARENT/LEGAL GUARDIAN: I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.					<input type="checkbox"/> ELIGIBLE FACILITIES REQUIREMENTS MET <input type="checkbox"/> SERVICES REQUIREMENTS MET
SIGNATURE OF PARENT/LEGAL GUARDIAN					
COUNTY WHERE SIGNED					
DATE					
PLACEMENT WORKER: ALL INFORMATION RECORDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
SIGNATURE OF PLACEMENT WORKER (NOT APPLICABLE IF PARENT OF LEGAL GUARDIAN AVAILABLE)					
NAME OF AGENCY					
DATE					
SIGNATURE OF ELIGIBILITY WORKER					<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> ELIGIBLE
DATE					<input type="checkbox"/> FEDERAL <input type="checkbox"/> NONFEDERAL <input type="checkbox"/> OTHER
SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR					
DATE					
<div style="border: 1px solid black; padding: 10px; text-align: center;"> PERSONAL INFORMATION NOTICE Pursuant to the Federal Privacy Act (P.L. 93-679) and the Information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Forms Officer. </div>					